

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia



Norfolk Division

FILED

APR 27 2021

CLERK, U.S. DISTRICT COURT  
NORFOLK, VA

Michele Pitts-Brown

Case No.

2:21cv232

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Renal Treatment Centers (RTC), Mid-Atlantic

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Michele Pitts-Brown
Street Address	2593 Pamlico Loop
City and County	Virginia Beach
State and Zip Code	Virginia 23456
Telephone Number	(757) 618-1204
E-mail Address	tmbrown87@cox.net

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination**Defendant No. 1**

Name	Renal Treatment Centers (RTC), Mid-Atlantic
Job or Title <i>(if known)</i>	
Street Address	420 N. Center Dr. Bldg 11-STE
City and County	Norfolk
State and Zip Code	Virginia 23502-4007
Telephone Number	(757) 455-0060
E-mail Address <i>(if known)</i>	

**Defendant No. 2**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**Defendant No. 3**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**Defendant No. 4**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	Lehigh Dialysis Center
Street Address	420 N. Center Dr, Bldg. 11 Ste 128
City and County	Norfolk
State and Zip Code	VA. 23502
Telephone Number	(757) 455-0060

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Other federal law *(specify the federal law)*:

☐ Relevant state law *(specify, if known)*:

☐ Relevant city or county law *(specify, if known)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

03/13/2016-1/06/2020

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race \_\_\_\_\_
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
- low vision \_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

In 2016, RTC was given written notification from my doctor regarding my medical condition. From 2016 to present, Management did not provide me with any reasonable accommodations or engage in the interactive process of finding an accommodation within my position. Throughout this time, I had three ADA Coordinators that failed to do an environmental assessment, failed to assist with reassignment, or provide any assistive technology. In 2018, RTC received a follow up letter with recommendations from my doctor and still did not provide any tangible accommodations specific to my condition. In December of 2019, I had no other option but to request short term disability because the ADA Coordinators and Management continued to be unresponsive to recommendations made by my doctor. On January 6, 2020, I was placed on short-term disability. See attached EEOC complaint and Exhibits 1-7. pg 7-38

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) 2/25/2020

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 02/03/2021.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination**

The following damages are owed due to failure of providing an ADA Accommodation, which resulted in the inability to maintain employment and benefits. Additionally, due to my age and disability, it is unlikely that I will find employment at the same rate of pay.

Back Wages (Since 1/6/2020)- \$70,000

Front Pay (7 years to Retirement Age 67)- \$396,900

Compensatory Damages (loss of income, 401k match, reduced Social Security retirement benefit, legal fees, pain and suffering) - \$400,000

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04/27/2021

Signature of Plaintiff

*Michele Pitts-Brown*

Printed Name of Plaintiff

Michele Pitts-Brown

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA  
\_\_\_\_\_  
DIVISION

Michele Pitts-Brown

Plaintiff(s),

v.

Civil Action Number: 2:21cv232

Renal Treatment Centers (RTC)

Defendant(s).

**LOCAL RULE 83.1(M) CERTIFICATION**

**I declare under penalty of perjury that:**

No attorney has prepared, or assisted in the preparation of Complaint of Employment Discrimination  
(Title of Document)

Michele Pitts-Brown

Name of *Pro Se* Party (Print or Type)

Michele Pitts-Brown

Signature of *Pro Se* Party

Executed on: 4/27/2021 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of \_\_\_\_\_  
(Title of Document)

\_\_\_\_\_  
(Name of Attorney)

\_\_\_\_\_  
(Address of Attorney)

\_\_\_\_\_  
(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document

\_\_\_\_\_  
(Name of *Pro Se* Party (Print or Type)

\_\_\_\_\_  
Signature of *Pro Se* Party

Executed on: \_\_\_\_\_ (Date)